

Sorbitol Prep - 2 Day Prep

Gastroenterology Clinic
611 Grammont St.
Monroe, LA 71201
318.325.2634 or 800.293.2634

2 Days Before Procedure: _____

_____ Clear Liquids all day (No solid food!) - You may have water, soft drinks, coffee, tea, Popsicles®
Jell-O® (lemon or lime without fruit), chicken or beef broth, clear juices (apple, white grape juice)
and hard candy. **NOTHING RED OR PURPLE! NO MILK! NO ALCOHOL!**

_____ 2:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 3:00pm - Drink 4 ounces of water.
_____ 4:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 4:30pm - Drink 4 ounces of water.
_____ 5:00pm - Take two (2) Dulcolax tablets with a glass of water.
_____ 6:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 7:00pm - Drink 4 ounces of water.
_____ 8:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 9:00pm - Drink 4 ounces of water.

_____ Nothing to eat or drink after midnight.

Day Before Procedure: _____

_____ Clear Liquids all day (No solid food!) - You may have water, soft drinks, coffee, tea, Popsicles®
Jell-O® (lemon or lime without fruit), chicken or beef broth, clear juices (apple, white grape juice)
and hard candy. **NOTHING RED OR PURPLE! NO MILK! NO ALCOHOL!**

_____ 2:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 3:00pm - Drink 4 ounces of water.
_____ 4:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 4:30pm - Drink 4 ounces of water.
_____ 5:00pm - Take two (2) Dulcolax tablets with a glass of water.
_____ 6:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 7:00pm - Drink 4 ounces of water.
_____ 8:00pm - Drink 50cc of Sorbitol 70% (chilled).
_____ 9:00pm - Drink 4 ounces of water.

_____ Nothing to eat or drink after midnight.

Day of Procedure: _____

_____ Bring your medications with you.

**Be sure to take BLOOD PRESSURE, SEIZURE and HEART medications.

**If you are a DIABETIC, please call your physician for dosage of medicine to be taken the morning of your test.
Please check your blood sugar the morning of the test.

**If you take BLOOD THINNERS, follow instructions given to you at the time of pre-registration.

_____ Bring someone to drive you home. (You will be here 2 to 3 hours)

Procedure Date: _____

Place: _____

Procedure Time: _____

Arrival Time: _____